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indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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22907 7590 10/29/2008  BANNER & WITCOFF, LTD. 1100 13th STREET, N.W. SUITE 1200  WASHINGTON, DC 20005-4051				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTOR	N, DC 20003-4031	·				(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/337,330	06/21/1999		JUHA MATTI PIRKOLA		NOKIA.33US	8862
			TELEPHONY NETWOR			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	01/29/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GELIN, JEAN ALLAND  1. Change of correspondence address or indication		2617	370-338000			
CFR 1.363).  Change of corresp. Address form PTO/SE	ondence address (or Chai 3/122) attached. ication (or "Fee Address" 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	ess an assignee is identi h in 37 CFR 3.11. Comp GNEE ations Oyj	fied below, no assignee letion of this form is NO	(B) RESIDENCE: (CITY Helsinki, FINLANI	atent. If an assigned assignment. and STATE OR CC	is identified below, the dopout t	
	o small entity discount por	ermitted)	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).</li> </ul>			
5. Change in Entity Stat	us (from status indicated SMALL ENTITY status	,			ENTITY status. See 37 CF	
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Typed or printed name Christopher M. Swickhamer				Registration No.		
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